

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR SIGN
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MAY 06 2019

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	19-0115
Date:	5-20-19
Amount Paid:	\$50 5-13-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: <u>Bayfield County</u>	Mailing Address: <u>P.O. Box 878</u>	City/State/Zip: <u>Washburn, WI 54891</u>	Phone: <u>715-373-6132</u>
Sign Owner(s) Name: <u>Bayfield County</u>	Mailing Address: <u>P.O. Box 878</u>	City/State/Zip: <u>Washburn, WI 54891</u>	Phone: <u>715-373-6132</u>
Address of Property: <u>N/A -> Town of Eileen</u>	City/State/Zip: <u>Ashland, WI 54806</u>		
Contractor:	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Cole Rabaska - Chairman BCBP</u> <u>Cole Rabaska</u>	Agent Phone: <u>715-685-1210</u>	Agent Mailing Address (include City/State/Zip): <u>P.O. Box 704, Washburn, WI 54891</u>	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PROJECT LOCATION <u>NE 1/4, SE 1/4</u>	Legal Description: (Use Tax Statement) <u>NE 1/4, SE 1/4</u>	Tax ID: (4 or 5 digits) <u>15556</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1077</u> Page(s) <u>242</u>
Gov't Lot	Lot(s)	CSM	Vol & Page
Lot(s) No.	Block(s) No.	Subdivision:	
Section <u>10</u> , Township <u>47</u> N, Range <u>05</u> W		Town of:	Lot Size
			Acreage

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	✓	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$1800.00	<input checked="" type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New	<input type="checkbox"/> 1-Sided			<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> 2-Sided	11'	18"	<input checked="" type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Multi-Tenant			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mark Rabaska, County Admin
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5/6/19

Applicant(s): MARK Rabaska - Allkon
(If you are applying for an Off-premise sign; the property owners must also sign this form)

Date _____

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Rec'd for Issuance

MAY 20 2019

Secretarial Staff

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
The local Town, Village, City, State or Federal agencies may also require permits.

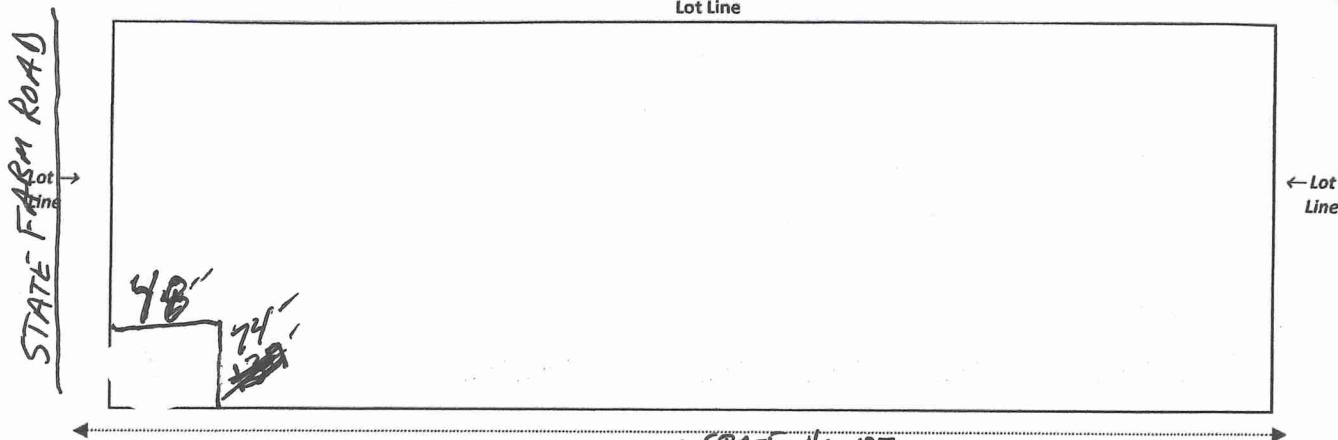
1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the sign location

3. Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary

N ↑

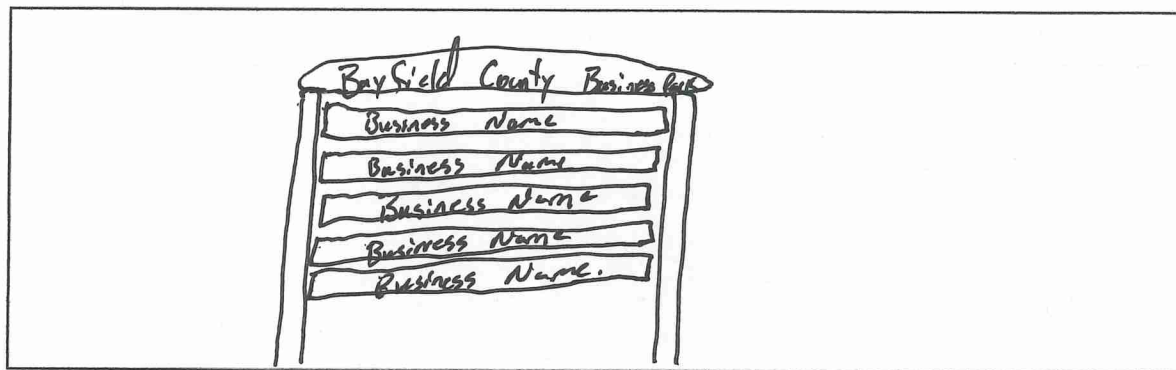


Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	48' Feet	Setback from the North Lot Line	n/a Feet
Setback from the Established Right-of-Way	15' Feet	Setback from the South Lot Line	24' Feet
		Setback from the West Lot Line	n/a Feet
Setback from Lake, River, Stream or Pond	n/a Feet	Setback from the East Lot Line	33' Feet
Setback from Other Sign(s)	n/a Feet		

from ROW
from R/W

Sign Plan
(Fill in Information Desired on Sign)



Issuance Information (County Use Only)		Permit Number: 19-0115	Permit Date: 5-20-19
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA	
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Sign Location ok		Zoning District (C) Lakes Classification (-)	
Date of Inspection: 5/17/2019		Inspected by: Robert Schierman	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)			
Signature of Inspector: [Signature]		Date of Approval: 5/20/2019	

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN – **X**
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0115** Issued To: **Bayfield County / Cole Rabska, Agent**

Location: **NE** ¼ of **SE** ¼ Section **10** Township **47** N. Range **5** W. Town of **Eileen**
Lying N of St Hwy 137

Gov't Lot Lot Block Subdivision CSM#

For: **Commercial Other: [1- Story; On-Premise Sign (11' x 18' x 20' High)]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 20, 2019

Date